

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>06-02-06</u>		2 Serial/Patent # <u>10/552846</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
✓	Filing		10-12-05	\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND		\$ 100.00						
8 TO BE REFUNDED BY:											
10 REASON:		✓ Treasury Check									
✓ Overpayment		Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						--			
		--									
No Fee Due (Explanation):											
<div style="text-align: right;"> <i>6-2-06</i> completed </div>											
<div style="text-align: right;"> Thomas R. Williamson III. Myers & Kaplan Intellectual Property Law LLC. 1899 Powers Ferry Road, Suite 310 Atlanta GA 30339. </div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>S. Ahmed.</u>			TITLE: <u>Paralegal.</u>								
SIGNATURE: <u><i>S. Ahmed</i></u>			PHONE: <u>(703) 308-9140 # 208.</u>								
OFFICE: <u>DO/EO.</u>											

THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: <u><i>Harry Rieff</i></u>			DATE: <u>6-2-06</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

Enclosure Text Entry

Refund Data

Mailroom Date:

101205

Name/Number:

10552846

Atty Dock #/Trademark:

21770-RA2

Refund Amount:

\$100.00

Create Date:

060506

Operator Data

Last Name:

AHMED

First Name:

SHAKEEL

Phone Number:

703-308-9140 EXT 208

Reason:

Additional Comments:

OVERPAYMENT

6-2-06

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